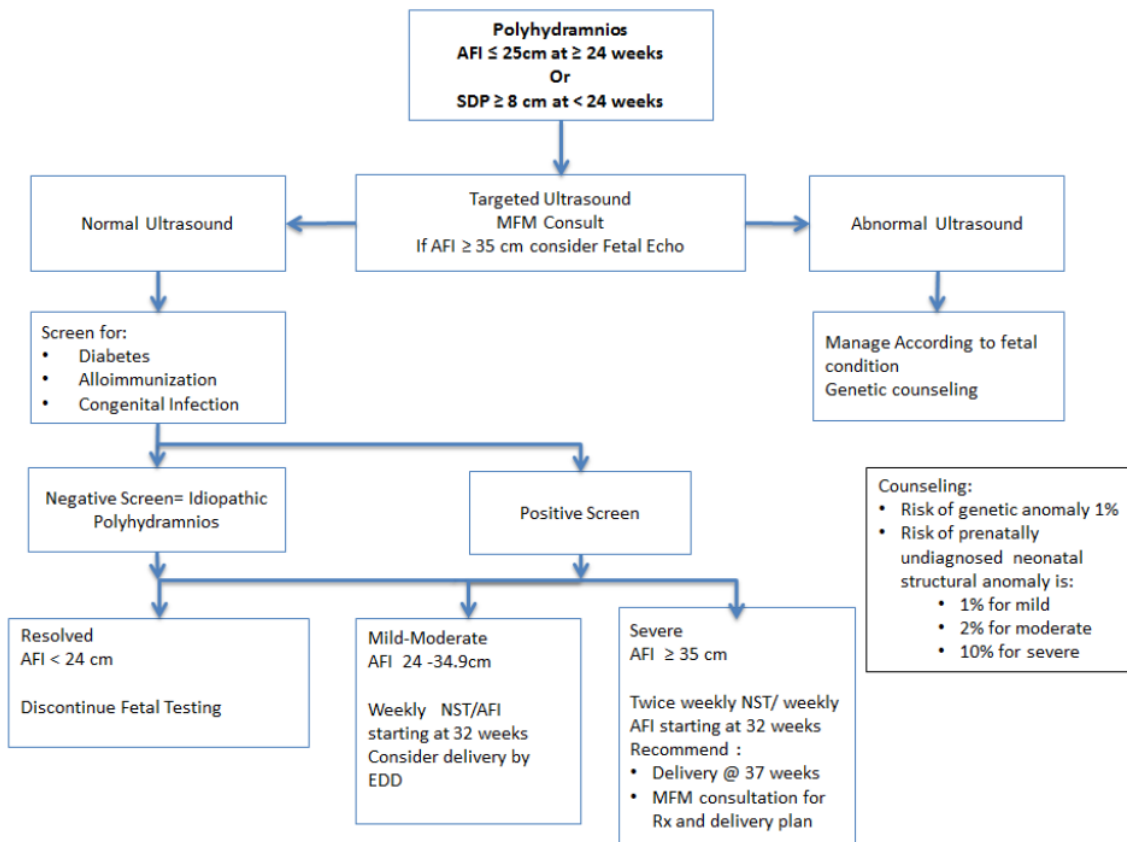


Polyhydramnios

Purpose: To provide guidelines for screening and management of polyhydramnios complicating pregnancy.

1. Definition: polyhydramnios is defined as a single deepest pocket (SDP) ≥ 8 cm at less than 24 weeks or in a multiple gestation or amniotic fluid index (AFI) > 25 cm (AFI ≥ 97.5 percentile) after 24 weeks.
2. Classification:
 - a. Mild polyhydramnios: AFI > 25 cm - 29.9 cm.
 - b. Moderate: AFI > 30 cm - 34.9 cm.
 - c. Severe polyhydramnios: SDP ≥ 16 cm or AFI of ≥ 35 cm.
3. Etiology:
 - a. Major associations are diabetes and fetal malformation, but up to 50% of mild polyhydramnios is of unknown cause (idiopathic).
 - b. Risk of major anomaly at birth after normal ultrasound is 1% with AFI < 30 , 2% with AFI 30 to 34.9, 20-40% with AFI ≥ 35 cm.
4. Implications for the pregnancy: Polyhydramnios is associated with higher rates of macrosomia, malpresentation, cord prolapse, abruption, primary cesarean delivery, and uterine atony.
5. Workup should include (at least) a glucose screening test, antibody screen if not done in last four weeks, RPR, and accurate fetal anatomy ultrasound. Parvovirus, toxoplasma, and CMV IgM and IgG can be included. Amniocentesis should be strongly considered if there is severe polyhydramnios, hydramnios with fetal anomaly on ultrasound, polyhydramnios associated with FGR or detected < 24 weeks.



CHMG Maternal Fetal Medicine has developed these guidelines as a reference tool to assist referring physicians. Obstetric medical needs are complex and these guidelines may not apply in every case. Treating clinicians should exercise their own professional medical judgment with regard to the appropriate treatment and management of their patients. Treating clinicians are solely responsible for confirming the accuracy, timelines, completeness, appropriateness and helpfulness of this material in making all medical, diagnostic, or prescription decisions.

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